

CERTIFICATE AMENDED
SEE NOTATION X

* NAMES OF BOTH PARENTS AND CHILD AND DAY OF BIRTH
AMENDED BY AFFIDAVIT AND CERTIFICATE OF BAPTISM
DATED 5-12-29 CH-19-73me
ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 122
Registered No. 194

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 18 Casaville St. _____ Ward _____

2. Full name of child MARIA GUADALUPE MORILLA MURILLO
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth May 7th 1928
Month Day Year

8. FATHER MURILLO
Full name Amada Morilla

14. GUADALUPE MOTHER
Full maiden name Guadalupe Esparza

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 32 (Years)

16. Color or race Mex. 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Zacatecas, Mex.
(State or country)

18. Birthplace (city or place) Jalisco, Mex.
(State or country)

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child). } (a) Born alive and now living 7 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 12¹⁵ A. m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Cyril M. Brown M.D. Physician
(Physician or midwife).

Given name added from _____ Address Miami, Arizona
Month, day, year _____

Registrar.

Filed May 15 1928 Registrar.

446-508-751